



DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
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**REPLY TO
ATTENTION OF**

DASG-IMD

10 November 2004

AHLTA SOP #2
Deployment CONOP

1. PURPOSE: To clearly define proper methods for supporting each MTF in the successful implementation and clinical integration of AHLTA.

2. REFERENCE:

3. SCOPE: This SOP applies to all members of the AHLTA Program Office.

4. DEFINITIONS:

A. AKO: Army Knowledge Online website, the official US Army forum and file collaboration center.

B. CITPO: Clinical Information Technology Program Office

C. PIM: Pre-Implementation Meeting

5. GENERAL:

A. Each MTF will receive an established routine of support to aid in their successful implementation and clinical integration of AHLTA.

B. The routine has been established based on prior success. Technical integration is largely established and directed by CITPO. Technical integration will be tracked weekly using the AHLTA Program Management milestone tracking sheet. The clinical integration covered in the remainder of this document details general support but recognizes that site-specific needs and adjustments will occur for both IT and clinical integration.

C. All sites will receive the following documents either at a pre-implementation conference or at the 90-day PIM.

- 1) Functional integration document
- 2) MTF current draft clinical integration document
- 3) AMEDD official contact number to include name of site POC
- 4) Articles:

- a. Managing change document
 - b. Structured Text Article
- 5) Anticipated build and release schedule
 - 6) AKO address with list of How-To's and FAQs
 - 7) Commander's letter
 - 8) TSG letter of AHLTA Support

6. Functional survey support, early implementation and training plans: The Contractor will follow the site through initialization of survey, site scheduling, and through the first two weeks of actual training. The Contractor will report weekly on the process and issues IAW the established timeline (Figure A). The Contractor will participate in scheduled meetings. Contractor will visit the site approximately two weeks before training starts to QA clinic schedules and training preparation, and as directed by Program Office needs.

7. Command brief site support visit: This will be conducted 4-6 weeks prior to a site starting training. Whenever possible this should be done by the AMEDD Program Manager. Command brief will be followed by a review of and assistance with the MTF-specific clinical integration plan, training schedule, clinical process engineering, clinical review, AHLTA demonstration, and other assistance as needed.

8. Site POC for ongoing assistance: The Site POC will visit the training site at T+1 week. This will coincide with the first week of training after supervisor training. The Site POC will assist the site through prior knowledge gained during early implementation, facilitating resolution of any issues. The Site POC will add their on-the-ground understanding of the facility to the robust information that they will have learned about the site during preparation. They will remain on-ground for one week keeping regular telephonic contact with the site throughout initial training. The Site POC will generally be the first POC for sites to contact in their training cycle. When a site completes training, the POC will turn them over to a sustainment POC.

9. Clinical support with implementation: Mr. Blair will visit the site during the second week of formal training. He will assist with local needs and make contacts that he can assist with template management at the enterprise level. He will also assist the site with specific implementation regarding clinical and technical issues as they arise.

10. Sustainment trainer: The AMEDD office will provide the site with a sustainment trainer (ST) to arrive on week T+3. This will be at the end of two formal weeks of training. The ST's role during initial training is to provide advanced training for those who already have completed formal Unisys training. Additionally, the ST will assist

with CPE, finding solutions to local issues, and building templates. Once a site completes training, the ST will be actively involved in all aspects of site training sustainment. The ST will take an active role in contributing to the AMEDD office vision, and in communicating lessons learned back to the AMEDD portfolio. The ST will meet weekly with LTC Collins.

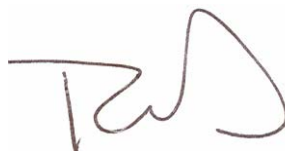
11. Sustainment training support: LTC Collins will oversee all sustainment training. She will arrive onsite the week after the ST (allowing time for ST inprocessing), although she will maintain regular contact with the ST prior to their initial meeting. LTC Collins will stay on-ground for one week, taking time to evaluate the ST, review the mission, assess the implementation process, and outbrief the command. She provides the opportunity to roll up our AAR of our support to the MTF.

12. Sites completing initial training: Once sites complete their initial training, they will transition to sustainment operations. This will occur after the AMEDD office takes part in the hand-off to the MTF for Unisys. Site-specific needs will be reviewed and a plan of support will be developed. The site's initial POC will then become the Fort Gordon PM Office. The PM executive assistant will log, track, and distribute site concerns to the responsible person on the AMEDD Office staff if he cannot provide direct assistance via the AKO site or FAQ. When the Fort Gordon PM office cannot be reached, sites will be instructed to contact the PM office at the WRAMC Center.

13. Longitudinal contact: Each site in sustainment will receive a minimum of one call per month from the PM office. The call will address concerns, upcoming changes, new How-To's, and other knowledge-sharing activities. Additionally the call will seek to gather local solutions for AMEDD distribution.

14. These policies outline an overview of AMEDD strategy, and will be reviewed quarterly based on site AARs.

15. Proponent for this SOP is the Program Office Director at Commercial 706-787-7165 or DSN 773-7165.



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